

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90042 023 ****61.25

DOCUMENT # N38448

1. Entity Name
COOPER'S POND OWNER'S ASSOCIATION, INC.



Principal Place of Business
PO BOX 22
LUTZ, FL 33548 US

Mailing Address
PO BOX 22
LUTZ, FL 33548 US

40014101



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3022590

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
5999 CENTRAL AVE
SUITE 104
SAINT PETERSBURG, FL 33710

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME KENNEDY, GEORFFEEY
STREET ADDRESS 2252 GROVELAND DRIVE
CITY-ST-ZIP LUTZ, FL 33549 ☒ Delete

TITLE D
NAME DENIS FLYNN
STREET ADDRESS 2248 GROVELAND DRIVE
CITY-ST-ZIP LUTZ FL 33549 ☐ Change ☒ Addition

TITLE D
NAME AMBRAZ, PAUL
STREET ADDRESS 2247 GROVELAND DRIVE
CITY-ST-ZIP LUTZ, FL 33549 ☒ Delete

TITLE D
NAME ROBERT STEIN
STREET ADDRESS 2242 GROVELAND DRIVE
CITY-ST-ZIP LUTZ FL 33549 ☐ Change ☒ Addition

TITLE D
NAME CISEK, ROBERT
STREET ADDRESS 2256 GROVELAND DR
CITY-ST-ZIP LUTZ, FL 33549 ☐ Delete

TITLE D
NAME KAREN SALMAN
STREET ADDRESS 2215 GROVELAND DRIVE
CITY-ST-ZIP LUTZ FL 33549 ☐ Change ☒ Addition

TITLE T
NAME BARNETT, TERESA
STREET ADDRESS 2220 GROVELAND DRIVE
CITY-ST-ZIP LUTZ, FL 33549 ☒ Delete

TITLE T
NAME THOMAS VON BRAUNSBURG
STREET ADDRESS 2254 GROVELAND DR.
CITY-ST-ZIP LUTZ FL 33549 ☐ Change ☒ Addition

TITLE D
NAME MILLER, GARY
STREET ADDRESS 2228 GROVELAND DR
CITY-ST-ZIP LUTZ, FL 33549 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME BARBER, DAVID
STREET ADDRESS 2224 GROVELAND DRIVE
CITY-ST-ZIP LUTZ, FL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas Von Braunberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #